



ANNUAL REPORT 2006/2007





My dad was diagnosed with a malignant Glioblastoma multoforme grade 3-4 brain tumor in March of this year. As you might imagine this has been a life-changing event for our family both emotionally and financially. We found your website through the Brain Tumor Society and we have benefited immensely from your services and financial assistance in the following ways:

You gave us assistance and direction to speed up the application approval process for my dad to be approved for Social Security Disability.

You directed us on a matter that arose with his health insurance which ultimately led to the insurance company rectifying the situation by reinstating his old deductible amount.

You provided us various other resources to check into and consider.

Lastly you awarded us a very generous amount through your Co-Pay Relief Program that will greatly ease the financial burden this has caused my parents."

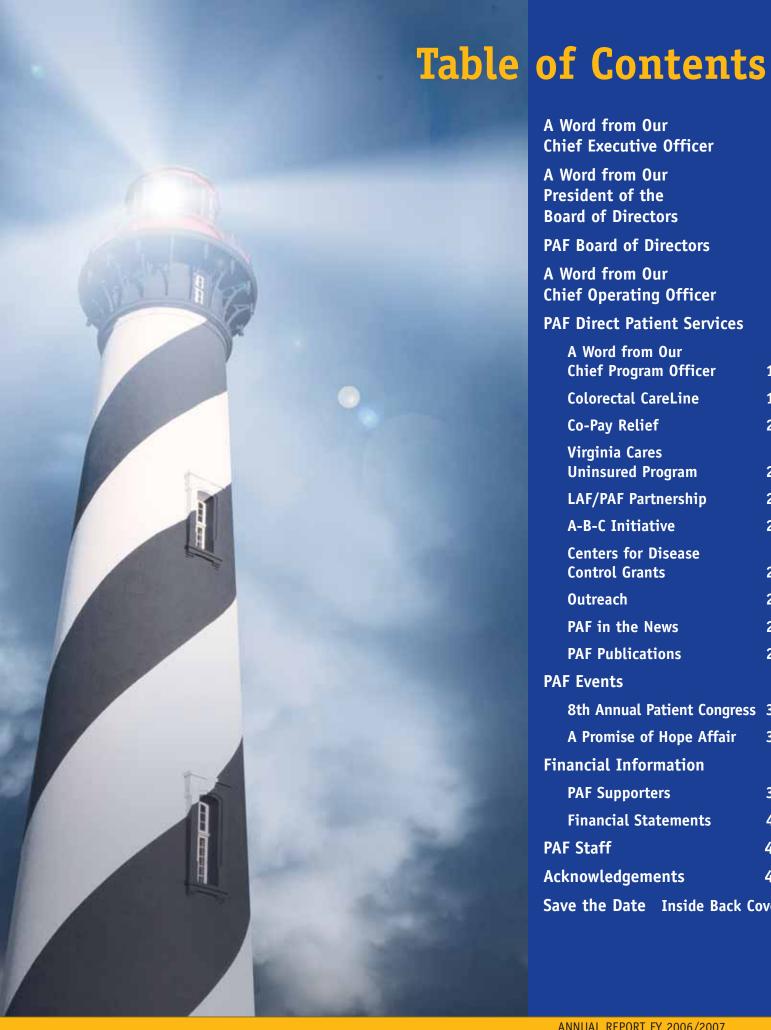
"Please accept our most sincere thanks for your prompt, courteous, thorough and caring assistance you have provided us. We would highly recommend the Patient Advocate Foundation to anyone who is facing a life-threatening illness!"

— Sherri Sahs, on behalf of her father, Joseph Cavalieri, Bellevue, NE



#### MISSION STATEMENT

Patient Advocate Foundation is a national non-profit 501(c)3 organization that serves as an active liaison between patients and their insurer, employer and/or creditors to resolve insurance, job retention, and/or debt crisis matters relative to their diagnosis through case managers, doctors and health care attorneys. Patient Advocate Foundation seeks to safeguard patients through effective mediation assuring access to care, maintenance of employment and preservation of their financial stability.



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# A Word from Our Chief Executive Officer

HALLMARKS OF FISCAL YEAR JULY 1, 2006 THROUGH JUNE 30, 2007

Accelerated
Acuity of
Patient Issues,
Financial
Diversification
and New
Program
Implementation



Nancy Davenport-Ennis CEO/President

#### **OUR PATIENTS SAY IT BEST....**

"If it were not for Patient Advocate Foundation, my son would not have received the bone marrow transplant needed for his cancer."

"My case manager at PAF was compassionate, professional and effective. Through her negotiations, the billing errors threatening to financially ruin my family were resolved and our bill of \$33,860 was paid in full by our insurer."

In the case of one family in North Carolina, a hospital bill of \$408,000 at a major research facility went unpaid for five months. Through the Access-Benefits-Claims program introduced by PAF to hospitals, the claim was successfully paid in May 2007. A husband was diagnosed with an aggressive cancer three years ago when insured through his wife's group health plan. In recent months, her employer illustrated clear signs of job discrimination including challenging her Family Medical Leave Benefits and threatening her with reduced work hours, which in turn would make her and her husband ineligible for life extending healthcare benefits. Through the intervention of PAF case managers and the pro-bono support of an employment attorney serving in the PAF National Legal Resource Network, this threat to access healthcare has been resolved.

Each of these cases touches the lives of every person serving on the team of PAF. Daily, we are reminded that the pain and paths of these patients could be our own at a moment's notice, and we know that this response is universally shared by our financial supporters, non-profit agencies, physicians, hospitals, social workers, government agency referral sources and the patient community at large, who so generously invite the participation of PAF at their national meetings. Our friends in the national media including articles in US News and World Reports, The Wall Street Journal, The New York Times, The Los Angeles Times, The Houston Chronicle, as well as those in disease specific journals and community news, reporters have showcased the complexity of issues patients are confronting in accessing the medical care prescribed by their treating physicians for their life-threatening conditions. PAF has documented a year of accelerated cost shifting to patients with copayment increases for medical services, medications, medical devices, and specific therapies, such as radiation. Of particular note, this fiscal year has seen increased reductions in annual caps for services. From one major retail employer, PAF documented hundreds of cancer cases with the annual cap for oncology benefits at \$25,000 to \$35,000. The results are insured patients with inadequate benefits who will not qualify for public programs such as Medicaid or charity services through ecumenical resources and community programs or many of the pharmacy assistance programs, since many of these agencies and programs target their support for uninsured persons.

The acuity of cases moved the average number of case contacts to resolve a patient's case from 5.8 contacts in FY2005/2006 to 11 contacts in FY2006/2007. Each case required more time to resolution and with each

passing day, diseases are advancing and eligibility of treatment protocols prescribed are threatened. The cost for each patient case internally accelerates, also. Within the area of acuity was the issue of patients being denied treatment based on health plans that challenged the underwriting application, charging that the diagnosis was a pre-existing condition. Our most extreme case involved a 40-year old breast cancer patient in Texas. Because she had taken a prescription drug for acne when she was 17 years old, the plan contended her development of cancer was pre-conditioned. While the case was favorably resolved, it took an extensive amount of time. For each day in negotiation, she lost a day for treatment.

Our annual report highlights our achievements at being named one of the top 25 Employers in the Hampton Roads area of Virginia; the establishment of our Med Care Program; the approval of our Virginia Cares Program supported by the Governor and Secretary of Health of Virginia with the General Assembly of Virginia appropriating our annual contribution; The Centers for Disease Control selecting PAF to be featured in the first internal CDC newsletter that highlighted the work of organizations the CDC supports; the expansion of our staff to support new program growth; and expansion of our hospital and physician practice contracts through our Access-Benefits-Claims Initiative.

I invite you to enjoy the personal accounts of PAF leaders, who will summarize our fiscal year in operation, programs, and outreach initiatives. Each experience reported is shaped by the patients we serve, the Boards of Directors' commitment, coupled with the implementation of PAF team members, collaborating partners nationwide, as well as the fractures in our nation's healthcare delivery system.

Hamilton Jordan, former White House Chief of Staff for President Jimmy Carter recounted in his book: *No Such Thing as A Bad Day* that he was shaken up by a doctor friend of his who flew in to see him when he was first diagnosed with cancer at the age of 27 years old when he said "Old friend, you have got to take charge of your own medical care." Jordan recounts that he asked, "Don't I have enough to worry about? You mean I have to be responsible for the medical decisions?" to which his friend replied, "That is exactly right. Tell me who has a greater stake in the decisions being made than you do?" We know that without access to treatment, medicines, clinical trials and financial support, the decisions being made may not be in the best interest of the patient.

It is our privilege to be included on the personal journeys of so many brave and bold patients responding to this challenge. We take pride in being able to share with you today a memorable glimpse of the past year and of all those we helped along the way.

With sincere gratitude and appreciation,

Nancy Davenport-Ennis

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CEO/President

# A Word from Our President of the Board of Directors

#### PATIENT ADVOCATE FOUNDATION IS ENTERING ITS TWELFTH YEAR

with continued growth to meet the increasingly complex challenges of Americans needing access to health care and related services while facing serious or lifethreatening illnesses.

Let's do some numbers: We have served more than twenty million Americans since our inception. Last year we provided direct case management services to almost 40,000 individuals. PAF Co-Pay Relief Program has served over 12,000 people since opening in April 2004. In the past year, we have opened a new Colorectal CareLine to offer services and support for patients with colorectal cancers. The PAF staff has grown from 78 to 99 members, an increase of 26.9 percent.

But numbers cannot tell the whole story: What I wish I could report to you is the enthusiasm and commitment of our individual staff members as they face their daily mission of providing direct services to so many people in need. To watch them at their work in the Newport News center truly is heartwarming. Founder and CEO Nancy Davenport-Ennis, Jack Ennis and the rest of the management staff have provided extraordinary vision and leadership to the organization. It is no wonder that PAF recently was voted as one of the "Top 25 Best Places to Work in Hampton Roads." The staff members' passion is poured into the quality of services received by patients.

Part of the PAF story features the active engagement of our Board of Directors who has provided exemplary service to PAF over the last year. Sheldon Weinhaus has served on the Consumer Advocates in Research and Related Activities (CARRA) as an advisor to the National Cancer Institute. Delegate Phil Hamilton and Rene Cabral-Daniels were both instrumental in helping PAF procure a grant through the Governor and Secretary of Health offices of Virginia that was approved by the Virginia General Assembly to implement and support the Virginia Cares Uninsured Program. Dr. William T. McGivney helped PAF establish the process for PAF to partner with hospitals nationally to provide services to resolve access to care and reimbursement issues. I would like to recognize Dr. Roy Beveridge for his service as Advisor to the Board of Directors over the last year and I would also like to thank the many members of our Scientific Board of Directors who have provided testimony to the FDA, the Centers for Medicare and Medicaid Services and the Medicare Evidence Development & Coverage Advisory Committee (MedCAC). Additionally, Rich Carter and Sheldon Weinhaus have again provided their professional legal services to PAF patients who needed that additional support.

The rest of the story comes from the patients themselves: Every day, PAF hears from individual Americans expressing their gratitude for the life transforming (and sometimes life-saving) help they have received. All of these services have been provided at no charge, thanks to the generous support of our donors and patrons.

On behalf of the Board of Directors of the Patient Advocate Foundation, we salute the leadership, staff, patients and supporters who make up the PAF family. Together, we all contribute greatly to improving the health care system for patients whom we serve.



**Edward G. Connette**President,
Board of Directors

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Edward G. Connette President, Board of Directors

# **Board of Directors**

#### **EXECUTIVE BOARD MEMBERS**

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Executive VP & Chief Administrative Officer US Oncology

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Pearl Moore, RN, MN, FAAN

# A Word from Our Chief Operating Officer

Dear Friends,

A commitment to excellence, and nothing less, is an appropriate description for what I experience each day I serve as Chief Operating Officer. Staff members are committed to PAF because PAF is committed to them. Executive Board of Directors show their commitment to excellence by giving their time, energies, and wisdom selflessly so they might better help shape the future of this Foundation. A shared sense of excellence from our local and national partners is demonstrated in the time they so generously give and the valuable resources offered that help support our mission and grow our programs and services. Striving to reach higher levels of excellence and increasing demand for our services in the marketplace are reasons that motivate PAF to work day in and day out to ensure our programs and services are available to all who need them.

FY2006/2007 has again proven to be an exciting time for Patient Advocate Foundation, the entire staff, Board of Directors and local and national partners. We just completed our 11th year and it is never far from my mind and heart, our humble beginnings in 1996 when we opened our first office, 10 by 10 feet of office space in Newport News, Virginia. Only six years later in February 2002, the demand for PAF Direct Patient Services reached a new height and in order to accommodate our expanding staff, our small office relocated to a 10,000 square-foot office building, now proudly referred to as national headquarters. In October 2005, the success and growth of the Co-Pay Relief Program (CPR) prompted another expansion that added another 5,000 square-feet of office space. January 2007 was another exciting year with the official launch of the Colorectal CareLine (CCL), which, as anticipated, grew our staff yet again and expanded our office space by another 5,000 square feet. These growth spurts and office expansions have been the result of healthcare consumers embracing the mission of Patient Advocate Foundation: to serve chronically ill patients who are in need of access to healthcare. As the need for our services increased, local and national community supporters rose to the challenge by creating partnerships with PAF that would help ensure sustainability of the PAF programs and services.

In order to ensure quality and timely service to all patients nationwide, PAF continues to make personnel expansions a top priority in each budgeting cycle. It is our goal to direct a significant portion of funding to expand current and future personnel for the Direct Patient Services Division. During FY2006/2007 the PAF staff approached the 100 employee mark, ending the year with 99 employees, many of which have expertise in Nursing, Certified Coding and Billing, and Social Work. We have increased the Case Management staff, including those in CCL, by 37.9% and staff members in the Co-Pay Relief Program by 28%. Those increases represent the growing need for PAF programs and services. Thus, the Direct Patient Services Division that admin-



Fran Castellow
Chief Operating Officer

isters case management, CCL and CPR programs combined have grown by 33.3% this fiscal year alone. Consequently, the overall PAF growth rate in FY2006/2007 was an amazing 26.9%.

My proudest moment this year came in June 2007 when *Inside Business*, a regional business trade publication produced by the *Virginian Pilot*, named PAF a "Top 25 Best Places to Work" in Hampton Roads, Virginia. This prestigious award recognized PAF for continuously investing in our employees. Selection criteria were based on the culture/personality of the organization, the family-friendly environment, competitiveness of compensation and benefit packages, and overall employee development. Because PAF was founded on the principal of helping others, this award confirmed that our help begins from the inside out. I feel truly honored that our employees have chosen to call PAF home.

PAF continues, each day, to strive for excellence by serving those in need. Our successes are chronicled daily by surveys and letters that offer valuable feedback and praise directly from patients we have had the pleasure to serve. By rewarding our staff for their loyalty and dedication, we created a work environment that is in some ways superior to others. We have been fortunate to develop long-standing relationships with Partners in Progress, local and national community leaders, representatives of various national non-profit organizations, friends and those we consider family. These relationships have contributed to our continued expansion and the success of our programs and services. I am ever grateful and celebrate the empowerment that has been bestowed upon PAF through these relationships.

It is my pleasure to share with you our progress through the past year, our growth, and even a few of the faces and voices of people we helped along the way. I look forward to next year, one that undoubtedly will again represent PAF's true commitment to excellence and to helping those in need.

With gratitude,

Fran Castellow, MSEd. Chief Operating Officer

Tran Castellan



Just when I gave up hope! I found a person who cared. I have ALL leukemia and diabetes and I've called a lot of different places for help but none has been as helpful and kind. Just when you think people don't care, (you) find a person that cares. It gives hope and faith. And it let you know there are people who care. I thank Patient Advocate Foundation for people employed that really care. God Bless."

— James Crider Olive Hill, KY

# Patient Advocate Foundation named one of the "Top 25 Best Places to Work in Hampton Roads" for 2007 by *Inside Business*

- > PAF honored for investment in employees.
- > Organization to follow.

In June 2007, Patient making significant Advocate Foundation was named a top 25 best place to work in Hampton Roads for 2007 by Inside Business, the Hampton Roads Business Journal named as example published by the Virginian Pilot. of business model PAF has 99 employees principally in the Hampton Roads, Virginia headquarters office and

six satellite offices throughout the nation in California, Florida, New York, and Iowa.

Annually, Inside Business recognizes 25 local employers who make a significant investment in their employees. The publication invited Hampton Roads businesses to compete in their Top 25 Best Places to Work competitive application process. The applica-

tions are then turned over to a panel of independent judges with knowledge in human resources management and employee satisfaction. Judges then award points in four different categories: culture/personality, family-friendly environment, compensation, and employee development. The ratings are averaged and a total score is decided for each company. The 25 companies with the highest scores are the winners.

"I congratulate each of our employees for helping us earn this honor. They are the reason PAF is one of the best places to work in Hampton Roads," said Nancy Davenport-Ennis, President and CEO of PAF. Inside Business, in their own words, also congratulated PAF on a job well done, and hopes that as an example, PAF will provide other employers with helpful ideas of how to grow and support a business's best asset...the employees!

PAF Family Night at the Peninsula Pilots Baseball Game

June 8, 2007

Each year, PAF hosts an event for staff and their family members to provide the opportunity for our families to meet each other. Events such as the Family Fun Night are one of the reasons that PAF was selected as one of the top 25 places to work in Hampton Roads, Virginia.

On a very hot Friday evening in June, 98 PAF employees and their family members attended the PAF Family Night at the Peninsula Pilots baseball game. PAF had an area all to themselves as they enjoyed a dinner of BBQ, coleslaw and baked beans. The players also came over to sign shirts, baseballs and hats for the children in attendance. The Peninsula Pilots defeated the Thomasville Hi-Toms 6-5 in an eleven-inning game.

Not wanting the satellite offices to be left out of PAF Family Night at the Ball Game, tickets were purchased for them to attend a local game in their area. Between the Florida, Iowa, California and New York offices, an additional 30 employees and their families attended a ball game, proudly wearing their PAF All Stars shirts!



I want to thank you for your help. God forbid, if one of my friends or family members are ever in this position, I will certainly tell them about PAF.



# A Word from Our Chief Program Officer

Dear Friends,

When I began working with Patient Advocate Foundation in 2000, I could never have foreseen the phenomenal increase in demand for the services we provide which have resulted in the implementation of eighteen unique patient programs and initiatives which are currently housed under the office of the Chief Program Officer. It is through the dedication and perseverance of our case managers, call counselors, outreach coordinators, Board members, Executive leaders and financial partners that PAF has been able to respond to the shifting healthcare access needs brought to us by the patients we serve every day. Through the establishment of programs and recruitment of experts who address the evolving needs of diverse and often vulnerable populations, PAF consistently maintains high quality service levels, while never deviating from our original mission of ensuring that all Americans have access to quality healthcare. I am inspired by the courage of our patients and awed by the excellence of my colleagues who seek to remove practical burdens that plague a patient's journey back to wellness. I am grateful that I have an opportunity to share this personal reflection of PAF's 2006-2007 fiscal year with you now, as again the organization has risen to meet the challenges of our patient's needs.

This year has seen the patient services division expand their hours of service to provide live assistance from 8:00 AM – 8:00 PM EST Monday through Friday, representing a significant commitment to our patients who are benefiting from this 38% increase in service availability. Patient needs were also carefully considered when, in March of 2007, we restructured the internal case management response flow, creating a mechanism that allows new callers to receive an immediate response from a member of the patient services team.

This year PAF has further strengthened the comprehensiveness of their patient service offerings with the addition of a Med CareLine division that partners clinical specialists with patients who are seeking access to emerging treatments and therapies. The launch of the Colorectal CareLine in November 2006 represented PAF's first formal foray into the provision of specialized case management services for targeted patient needs surrounding newly approved treatments and therapies. The Colorectal CareLine is staffed by a dedicated team of nurse case managers and social workers who provide assistance to colorectal patients nationwide via a toll free patient/provider hotline. These case managers negotiate reimbursement for clinical trials, work to resolve insurance denials for off label drug indications, resolve coding and billing disputes involving newly approved



**Beth Darnley**Chief Program Officer

therapies and provide initial interpretation of a patient's benefit language. The Colorectal CareLine also established the Financial Aid Fund, a small financial assistance grant program for colorectal patients in need of debt crisis assistance, related to their colorectal diagnosis.

The number of uninsured Americans turning to PAF for direct support in obtaining medical care has again increased over this twelve month period. Patient data reflects that in FY2006/2007 26.04% of PAF patients were uninsured while an additional 10.76% were Medicaid beneficiaries. While PAF has served the uninsured and underinsured on a national level since inception in 1996 and partnered with the Centers for Disease Control and Prevention in 2003 on a multi-year project to increase the survivorship of cancer in underserved populations, FY2006/2007 saw the organization partner with the state of Virginia. This partnership launched the Virginia Cares Uninsured Program (VCUP), which was designed to support social service and healthcare agencies by providing comprehensive, sustained case management services to uninsured residents with chronic and life-threatening diseases. The VCUP team will conduct extensive outreach to free health clinics, Virginia Department of Health offices and rural hospitals and medical facilities to promote the availability of PAF services and encourage referrals of uninsured patients to the VCUP hotline, where case managers will work to navigate healthcare access and reimbursement options for these callers.

As our country struggled to provide adequate healthcare options for its citizens, the media shone a bright spotlight on many patient access issues in FY2006/2007, frequently seeking out PAF to weigh in on these issues. PAF was featured in national publications such as *U.S. News & World Report*, *Prevention, Women & Cancer* and *Coping* with televised coverage on *CNN's House Call with Dr. Sanjay Gupta*, resulting in thousands of media generated patient referrals.

Every time I read a patient's letter thanking PAF for eliminating the desperation they felt when encountering roadblocks and strife during an illness that had already sapped their strength and spirit I feel privileged to be a part of this organization. Without the unwavering support of our partners who devote their energy, resources, talents and funding, PAF would not be here to assume those patient burdens or to provide that financial aid to a patient with no other option. I thank you all for your commitment to PAF and your clear recognition that what we do truly makes a difference.

Warmest Regards.

Beth Darnley, CPO



The family of Patient Advocate are angels sent form God. The concern, care and compassion extended to me has lifted a burden from my heart. What a sigh of relief! May God bless all who serve in this great foundation helping those reaching out for assistance."

— **Joanne Lombardi** El Segundo, CA

# Solving Insurance and Healthcare Access Problems Since 1996

FY2006/2007 Direct Patient Services Division Summary

Total Patient Contacts for
Direct Patient Services 6,533,716

# **Summary of Patient Cases and Contacts**

<b>Total Patient Case Count</b>	39,462
Direct Patient Services	11,081
Total Email Contacts for	
Re-Opened Case Count	1,139
New Case Count	27,242

Total Contacts for Case Resolution 307,619

#### Summary of Internet Patient Services Provided

Live Web Assistance Chats	426
Web Browser Hits/Views	6,225,671

Total Internet
Patient Services 6,226,097

#### FOR OVER 11 YEARS, PATIENT ADVOCATE FOUNDATION has

had the privilege of assisting patients with access issues through our professional case management staff, the Co-Pay Relief (CPR) staff and now the Colorectal CareLine staff, that are, together, the PAF Direct Patient Services Division. From serving 157 patient contacts in 1996 to serving 39,462 patients in FY2006/2007, PAF has remained true to its mission of safeguarding patients and eliminating barriers to healthcare access

In the spirit of continual evolution and enhancement of the Direct Patient Services Division, PAF introduced the Live Call Program during FY2006/2007. This program enables all patients contacting PAF requesting direct assistance via the toll free number to be placed in contact with a professional case manager at the time of the initial call. This process eliminates the possibility of a patient never receiving service due to missing a call back from a case manager. The PAF Direct Patient Services Division has received excellent feedback from the patients as they feel they are receiving competent, immediate responses to their needs. As well, the Direct Patient Services Division is reporting 307,619 contacts on behalf of patients to bring resolution to their access issues. This averages 11 contacts from a PAF professional case manager to a relevant stakeholder in the patient case, including, but not limited to, the patients' healthcare providers, social workers at governmental agencies, employer representatives, creditors and/or other representatives from non-profit social service and healthcare organizations in order to bring resolution to the patient issues for each and every case handled by the Direct Patient Services Division staff.

# PAF Direct Patient Services Division provided to patients at no cost include:

- > Negotiating pre-authorization approvals
- > Providing assistance in expediting the appeals process
- > Coordinating benefits
- > Negotiating resolutions to coding and billing errors
- > Providing assistance in expediting applications for SSDI, enrollment in Medicare, Medicaid, SCHIPS, and other social programs
- > Resolving debt crisis related to diagnosis
- > Mediating insurance appeals
- > Negotiating access to pharmaceuticals agents, chemotherapy, medical device and surgical procedures
- > Brokering resources to supplement the limits of insurance and to assure access to care for uninsured
- > Resolving insurance issues in the public and private sectors
- > Providing Co-payment assistance to medically and financially qualified individuals

Patient Advocate Foundation receives requests for services via email, telephone and websites, www.patientadvocate.org, www.copays.org and www.colorectalcareline.org. There are more than 15,000 links from non-profit organizations, governmental agencies, educational facilities and corporations on the PAF website. Likewise, the PAF site is linked to over 1,600 educational websites, offering instant access to PAF website visitors to a wealth of pertinent information. Total website visitors increased 6% over the same period last year. The total number of web based views, hits and contacts for educational information totaled an additional 6,225,671; this is an 11.3% increase in web utilization over last year.

As well in FY2006/2007, PAF received 11,081 requests for patient assistance and service via the Internet Patient Services Division, including 426 live Web Chats with PAF professional nurse case managers. All requests for assistance made via email are responded to by professional case managers offering resources and direct assistance to those patients. Of the 11,081 email requests and 426 live Web Chats, an estimated 25% came from health-care professionals, a clear indication that PAF and its resources have become a valuable tool for those working on behalf of patients and their access to care.

In summary, there were just over 6.5 million requests for direct patient services and educational information via phone contact with a PAF professional staff member, personalized email assistance, live web chat assistance or website visits during FY2006/2007.

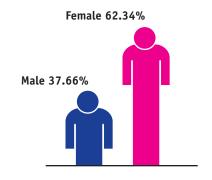
# DIRECT PATIENT SERVICES DIVISION: WHO ARE OUR PATIENTS?

As we work with patients requesting our assistance, we capture approximately 200 fields of data on each patient. From this data we create the Patient Data Analysis Report (PDAR) on an annual basis to determine what populations we are serving and what patient issues are becoming trends in various regions of the country. As we do each year, we have provided some of the data from the comprehensive PDAR in the context of this annual report in graphical form.

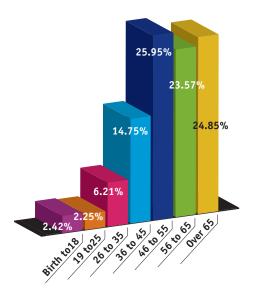
In FY2006/2007 62.34% of the patients served were female while 37.66% were male, demonstrating 2.66% increase in the male population over last fiscal year. We served patients of all ages with 4.67% being in the birth to 25 age range, 20.96% were aged 26-45, and nearly half, 49.52%, of the PAF patients were between the ages of 46 and 65 years old. Patients who are over age 65 represented 24.85% of the PAF patient population in FY2006/2007. Likewise, we assisted patients of many ethnicities with 72.21% of patients classifying themselves as White/Caucasian, 15.9% considered themselves Black or African American and 8.9% were Hispanic/Latino. We saw a 2.79% decrease and 1.35% increase in the White/Caucasian and Black/African American populations respectively this year over last, while seeing an increase in the Hispanic/Latino population of 0.76%. Ethnic demographics of our patient population are largely consistent with the statistics presented in the Census Bureau's 2005 American Community Survey that reported the US Population as being 74.7% White American, 14.5% Hispanics of any race, 12.1% Black American, 4.3% Asian American, 0.8% American Indian, 0.1% Native Hawaiian or other Pacific Islander, 6% some other race and 1.9% two or more

races.

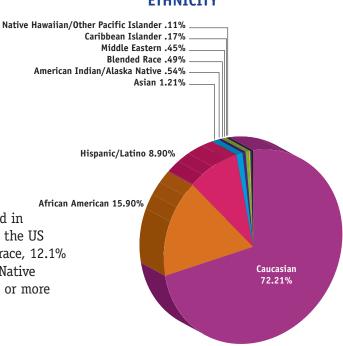
#### **GENDER BREAKDOWN**



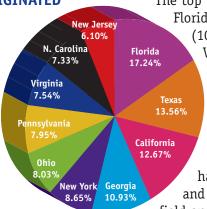
#### **AGES**



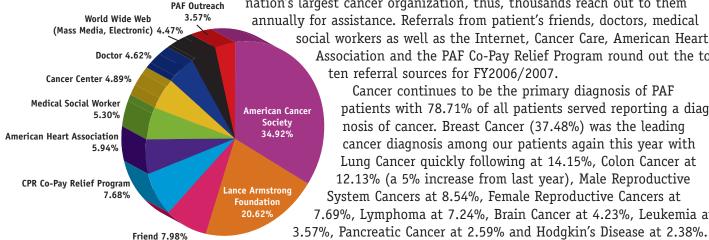
#### **ETHNICITY**



TOP 10 STATES IN WHICH PAF CASES ORIGINATED



#### **TOP 10 REFERRAL SOURCES**



The top ten states that our patients came from in FY2006/2007 were Florida (17.24%), Texas (13.56%), California (12.67%), Georgia

(10.93%), New York (8.65%), Ohio (8.03%), Pennsylvania (7.95%), Virginia (7.54%), North Carolina (7.33%) and New Jersey (6.10%). This data was relatively consistent with FY2005/2006 with the one exception of Tennessee being replaced by New Jersey in the top ten for FY2006/2007. The states from which our patient cases originated appear among the top 12 states on the US

Census Bureau's July 1, 2006 estimates of population density.

Patients find their way to PAF in a multitude of ways as PAF has become a reliable referral source for non-profit social service and healthcare organizations, governmental agencies, including the

field and national offices of members of the United States Congress, providers' offices, clinics, hospitals and media outlets. In FY2006/2007 referrals from American Cancer Society and Lance Armstrong Foundation (LAF) represented 55.54% of the PAF patient population. These are natural referral sources as PAF and LAF have a formalized partnership through the LAF LiveStrong SurvivorCare Program. Likewise, American Cancer Society is the nation's largest cancer organization, thus, thousands reach out to them annually for assistance. Referrals from patient's friends, doctors, medical

> social workers as well as the Internet, Cancer Care, American Heart Association and the PAF Co-Pay Relief Program round out the top ten referral sources for FY2006/2007.

Cancer continues to be the primary diagnosis of PAF patients with 78.71% of all patients served reporting a diagnosis of cancer. Breast Cancer (37.48%) was the leading cancer diagnosis among our patients again this year with Lung Cancer guickly following at 14.15%, Colon Cancer at 12.13% (a 5% increase from last year), Male Reproductive System Cancers at 8.54%, Female Reproductive Cancers at 7.69%, Lymphoma at 7.24%, Brain Cancer at 4.23%, Leukemia at

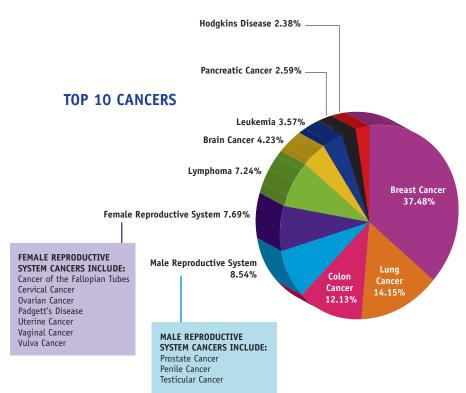
The cancer population served by PAF in FY2006/2007 was relatively consistent, in number, from FY2005/2006 when the rate was 79.37%. The remainder of the top ten diagnoses of PAF patients for FY2006/2007 includes Chronic/Debilitating Conditions (10.25%), of which there are over 100; Cardiac Conditions (5.87%); Screening for Symptoms (1.54%); Pediatric Disorders (1.31%); Multiple Sclerosis (0.73%); Kidney Related Diseases (0.64%); Organ Transplantation (0.37%); Lupus (0.34%), and Parkinson's disease (0.23%).

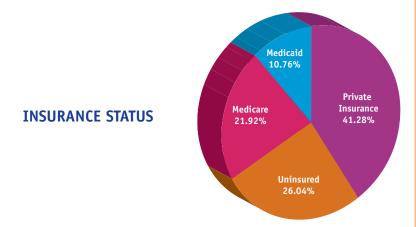
Of the patients served in FY2006/2007, 73.96% had some form of insurance. It was reported that 41.28% of the patients served by PAF were privately insured, 10.76% were receiving Medicaid and 21.92% were covered under Medicare. This data represents a 2.08% decrease in the Medicare patients served this year versus last. As well, 26.04% of all PAF patients in FY2006/2007 reported being completely uninsured; this represents a 2.04% increase in the uninsured population from the previous year.

Patients who contact PAF have a wide variety of needs and are offered services that have breadth and depth that are currently unmatched. In

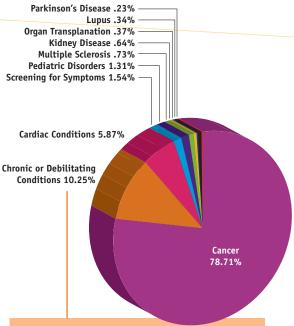
FY2006/2007 the top five primary issues patients were seeking assistance with included Insurance Issues, Uninsured Issues, Debt Crisis Issues, Disability Issues and Employment Issues. PAF continues to be a recognized as a leading resource when confronted with access issues; this is evidenced by nearly 50% of all of the PAF patients requesting assistance with insurance issues including coding and billing errors, prescription drug and medical service access issues, denial of access to a clinical trial, co-payment assistance, and assistance with Medicare Part D plan selection and enrollment.

Patient Advocate Foundation staff, specifically those within the Direct Patient Services Division, feels honored to have the opportunity to serve patients in their time of greatest need. The staff truly is a team of professionals helping people access healthcare.





#### **TOP 10 DIAGNOSIS**



#### CHRONIC OR DEBILITATING CONDITIONS

Abestosis Addison's Disease Adenoma ALS (Lou Gerig's Disease) Alzheimer's Disease Amputee (any limb) Anemia Aneurvsm Arthritis **Arthropathies** Asthma (Adult) Auto Immune A-V Malformation (Brain) Avascular Necrosis Blindness Brain Tumor (Benian) Bronchitis (Chronic) Cataracts Cerberal Vascular Accident Chrohns Disease Chronic Fatigue Syndrome Chronic Osteomyelitis Chronic Pain Syndrome Cicatricial Pemthigoid Cirrhosis Congenital Anomalies Connective Tissue Disease COPD **Cushings Disease** Dementia Dermatomyosis Diabetes Type I Diabetes Type II Disc Problems Dysphagia Dysplagia Emphysema Encephalopathy Epilepsy Fibromyalqia Gardner's Syndrome Gastroparesis (idiopathic) Gauchers' Disease Graves Disease Guillain-Barre' Syndrome Gvnecomastia Head Trauma Hemachromcytosis Hemophilia Hepatitis A Hepatitis B Hepatitis C Histoplasmosis

Hydrocephalis

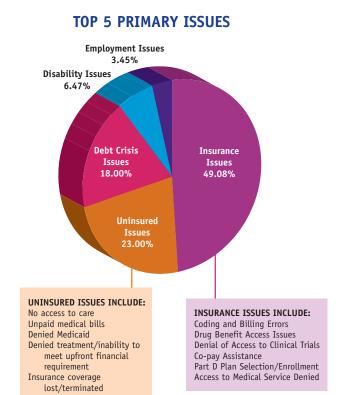
Hunter's Syndrome Huntington's Disease Hyper-Hypo Thyroidism Hypogammaglobulinemia Immune Deficiency Syndromes Immune Defiency Disorder Kennedy's Disease Liver Failure Lung Fibrosis Lunus Marfan Syndrome Muscular Dystrophy Myasthenia Gravis Myolysis (Tranverse) **NASH Scelerosis** Neoplasm (benign tumor) Neuropathy (All Types) Organic Brain Syndrome **Osteoarthritis** Osteoporosis Paraplegic Peripheral Neuropathy Pituitary Agromegaly Polio Polymyositis Post Polio Syndrome Pseudomyxoma Peritonei (PMP) Pulmonary Alveloar Proteinosis Pulmonary Emboli Pulmonary Fibrosis PXE Pseudoxanthoma Elasticum **Quadraplegic** Scleradermia **Scoliosis** Seizures Short Bowel Syndrome Sjogren's Syndrome Sleep Apnea Spinal Neuropathy Spinal Stenosis Spleen Disorder Stiff Person's Disease Stroke (CVA) TMJ /Jaw Disorder Traumatic Brain Injury TTP

Turners Syndrome

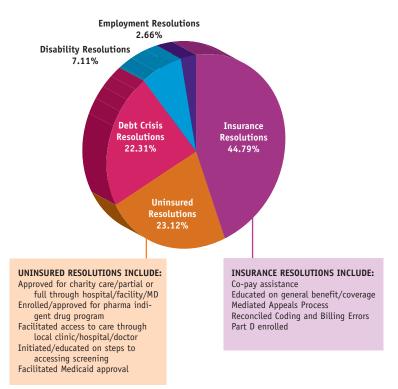
**Illcerative** Colitis

Wagners Syndrome

Wegener's Granulomatosis







# PAF Colorectal CareLine

#### PROVIDING COMPREHENSIVE SERVICE TO PATIENTS IN TIMES OF CRISIS



#### A DIAGNOSIS OF COLORECTAL CANCER CAN CREATE A FEELING

of PANIC as patients face a diagnosis that can potentially impact all aspects of their lives. People living with cancer, their caregivers, and their families find themselves trying to navigate intricate healthcare systems that are confusing and overwhelming. Patients often wonder, "Where do I start?" They find themselves wondering how their diagnosis will affect their employment and insurance status, their financial security and their family's global well being. As a result of unexpected illness many patients find themselves trying to understand and interpret complicated benefit and/or legal provisions such as Social Security Disability benefits and employment protections provided under the Family Medical Leave Act. Underinsured and/or uninsured patients are often faced with delayed or total lack of access to care, personal assumption of large medical debt and a maze of patient assistance, charity care and/or Medicaid applications to handle alone during a physically vulnerable time.

Reaching out for help is one of the most important steps a person living with cancer can take. In November 2006, PAF launched the Colorectal CareLine (CCL), a patient/provider hotline, designed to provide sustained

assistance to patients nationwide who have been diagnosed with colorectal cancer and are seeking educational resources, direct assistance with access to care issues and/or financial aid for select patient needs. CCL nurse case managers and social workers can help patients successfully navigate the road to recovery by working on their behalf to address healthcare obstacles and financial issues thus reducing patients' sense of isolation. The CCL case managers act as a liaison between patients living with cancer and their insurers, employers and/or creditors to ensure successful resolution of the practical issues facing patients today.

The words of Catherine Stevens, a patient served by the Colorectal Careline convey the necessity of this comprehensive program best: "My experience with your CCL program provided an affirmative response to a financial crisis. Colon cancer is perceived as an indelicacy, an offensive thing, and your empathetic counselor sought out all pertinent resources. Cancer is such an elusive, frightening disease and I found it enormously encouraging to realize that I could get help."

The Colorectal CareLine also has a small financial grant component for colorectal patients in need of debt crisis assistance for expenses related to out of town care. Patients are asked to provide a verification of diagnosis as well as a documented need for financial assistance and income verification. The CCL Financial Aid Fund currently provides one-time grants in the amount of \$200.00 to eligible patients who have a diagnosis of colorectal cancer and earn \$75,000 or less regardless of family size.



There's no adjective to describe your foundation. [I] could not put into words how I feel and the wonderful experience I had with the Patient Advocate Foundation.

Maggie Rosado Escondido, CA

I was helped by the PAF, which has helped my financial problems and my medical bills immensely. It has also given my wife and I hope for my battle with this cancer. We both thank you from the bottom of our hearts

**Tran Kieu**Dallas, TX





Our experience surprisingly has been so very helpful and life saving. The need for health insurance is paramount. The debt cancellation will save us from financial devastation.

**Stephen Coll** Hammonton, NJ

Patients and providers can contact the Colorectal CareLine toll-free at 1-866-657-8634 to initiate a request for assistance or can visit www.colorectalcareline.org. The Colorectal CareLine team can assist with the following:

- Navigate through the reimbursement system, including initial interpretation of patients' benefit language
- > Provide direct appeals assistance
- Provide educational resources, including disease specific literature, managed care information and financial resource information
- Provide referrals and linkage to appropriate educational resources
- Provide clinical trials education and conduct clinical trials screening
- Provide referrals to appropriate co-payment programs, including PAF Co-Pay Relief
- Network patients to all known local, state and/or national resources for financial assistance
- Provide case management services to uninsured patients, ensuring access to care and enrollment into Medicaid and/or charity care programs, when appropriate.

# Co-Pay Relief Program



























PAF HAS COMPLETED ITS THIRD YEAR of the operation of the Co-Pay Relief (CPR) program. The program was established in April 2004 to provide financial assistance for insured patients who qualify medically and financially with the cash co-payments for their prescription drugs. CPR is one of eighteen programs offered and administered by PAF to assist patients in accessing quality healthcare. The program operations were awarded a favorable ruling from the Department of Health and Human Services Office of the Inspector General (OIG) on October 29, 2004. The OIG issued ruling #04-15 provides protection to those donors who participate in CPR.

#### FY2006/2007 PROGRAM ASSISTANCE

In FY2006/2007, the CPR program had the opportunity to offer assistance to patients in three new disease states, bringing the total number of operating disease categories to patients to 14. The currently funded disease states include:

Autoimmune Disorders Head and Neck Cancer

Breast Cancer Lymphoma

Colon Cancer Macular Degeneration
Diabetes Prostate Cancer

Kidney Cancer Sarcoma

Lung CancerSecondary issues resulting fromBrain Tumorschemotherapy treatment

Pancreatic Cancer

Additional OIG approved disease categories that are not yet funded include:

Cervical Cancer Myeloma
Hepatitis A, B, C Ovarian Cancer
HIV/AIDS Testicular Cancer
Kidney Disease (non cancer) Uterine Cancer

Leukemia Mental Health Multiple Sclerosis

#### FY2006/2007 PROGRAM ENHANCEMENTS AND STATISTICS

- > A secured, web-based application portal, designed specifically for providers, was introduced to allow providers to enroll patients via the Internet, minimizing enrollment time as well as offering real-time information on the availability of assistance in each disease state.
- > Department of Health and Human Services Office of the Inspector General (OIG) notified PAF that every dollar paid on behalf of a Medicare patient would count towards their True Out-Of-Pocket expense (TrOOP).
- > Patient Award maximums were reviewed and adjusted as necessary to account for new treatment options that were introduced in the market since the last yearly review.
- > PAF's monthly approvals resulted in equal dollars being distributed.

> Total number of patients served by the program during FY 2006/2007 was 6,074.

(Since inception of the CPR Program on April 1, 2004, co-payment assistance has been provided to 12,004 patients.)

#### FY2006/2007 PROGRAM MEDIA SUMMARY

Media outreach supporting the Co-Pay Relief program in FY 2006/2007 included placing paid advertisements as well as earned media in the following publications:

Senior Advocate (Hampton Roads, Virginia) ASCO Daily News Clinical Journal of Oncology Nursing Oncology Issues

#### FY2006/2007 CPR OPERATIONS

Donations to the CPR program are allocated equally over a twelve-month period to ensure that funds will be available throughout the year to award to patients. Each approved patient is allocated funds per twelve month period for reimbursement of approved co-pay assistance expenditures billed to CPR by treating physician offices or pharmaceutical agent suppliers to include retail pharmacies, mail order pharmacies and specialty pharmacies. The amount allocated to patients varies by disease category. Reimbursement is made directly to the providers and pharmacies through debit card payments or three time daily check disbursements.

The CPR program functions at maximum utilization every month. Due diligence is ensured through daily monitoring of individual patient accounts, disease silo accounts and daily expenditures. This daily monitoring is facilitated by a financial team and an accounting software program developed for PAF with oversight by PAF Vice President of Finance, Chief Operating Officer and the Chief Executive Officer.

#### **FY2006/2007 CPR DONORS**

GlaxoSmithKline

PAF acknowledges with sincerest gratitude the outstanding financial contributions made to the Co-Pay Relief program by the donors. The vision and unselfish support provided by these donors brought financial, emotional, and psychological relief and, in many instances, extended and/or saved lives, as their donations allowed PAF CPR program to offer assistance to those in need.

On behalf of the patients we serve, our greatest appreciation is extended to the following donors:

Amgen Pfizer
AstraZeneca Pfizer Oncology
Bristol-Myers Squibb Purdue Pharma
(OSI) Eyetech sanofi-aventis
Genentech Schering-Plough

Susan G. Komen for the Cure



#### Co-Pay Relief: A Lifeline for Cancer Patients The Patient Advocate Foundation at work In Least Mally Tanger and Nancy Decembers Family

ince 1996, the Patient Advocate Foundation (PAF) has provided assistance to patients struggling with chronic, life threatening, or debilizating illnesses. This support takes the form of direct patient assistance, such as financial help paying for expensive anticancer therapies, and indirect assistance, such as advocating or Cognital Mall for maintain except no malless healthcare.

How We Help The Patient Advocate Foundation employs professional case managers, including clinical representatives and social workers, to serve as active liaisons between patients and their insurers, remployers, and/or erediters to resolve insurance, job retention, and/or debt crisis matters related to their diagnosis.

their diagnosis.

On any given day, these professional case managers:

\*\*Identify financial resources for underinsured and uninsured patients.

Resolve public and private insurance issues.

Nervoitate access to obsuranceoutical ascents, chemotherany.

Obtain pre-authorization approvals
 Mediate insurance denials and appeals
 Mediate insurance denials and appeals
 Help expedite appeals processes for SSDI/SSI denials
 Negotiate resolutions to coding and billing errors
 Coordinate social service needs, such as housing, transportation, and children

patient chats
Marrage local, state, and national outreach projects target ing specific patient populations.

The Patient Advocate Foundation does not charge patier for any of these services.

Platient Advocate Foundation operator 20 distinct proma, including its 6-DPy Relief program, which prois françail assistance to insured patients who qualify including a proper parameter of the proper proference of the proper parameter of the proting the program is needed more than ever. In 2022, for including the proper parameter of the proting the proper parameter of the proper parameter of the proting the proper parameter of the proper parameter of the proting parameter of the proting parameter of the proper parameter of the proting parameter of the proper parameter of the proting parameter of the propers of the proter of the propers of the prop

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Co-Pay Relief call counselors work with patients to complete the application process and to determine program eligibility.



The California, Florida, and New York offices are staffed by bi-lingual case managers who coordinate the Foundation's National Hispanic/Latino Outreac Program

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#### Co-Pay Relief: A Lifeline for Cancer Patients The Patient Advocate Foundation at work

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sured patients

Render public and private insurance issues

Render public access to pharmaceutical agents, chemotherap

Megotiate access to pharmaceutical agents, chemotherap

medical devices, and surgical procedures

Obtain pre-authorization approvals

Mediate insurance denials and appeals

Help expedite appeals processes for SSDI/SSI denials

Coordinate social service needs, such as housing, tran

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Co-Pay Relied call counselors work with patients to complete the application process and to determine program eligibility.

for any of these services.

The Co-Pay Relief Program

The Patient Advocate Foundation operates 20 distinct program, including as Co-Pay Relief program, which program, enabling as Co-Pay Relief program, which permedically and funcally to help them with the co-pays for their prescription drugs and/or plasmaceutical treatments. Teday, this program is needed more than ever. In 2002, for

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The California, Florida, and New York offices are staffed by bi-lingual case managers who coordinate the Foundation's National Hispanic/Latino Outres

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I got more service than I have gotten from any other source.
[My case manager] followed up on our phone calls and sent me such good information. I am so grateful. Your help is a life-line for us who have incurable disease."

— Ruth Lovik
Tucson, AZ

# Virginia Cares Uninsured Program

#### PAF RECEIVED FUNDING FROM THE COMMONWEALTH OF

**VIRGINIA** in the fourth quarter of FY2006/2007 to operate the Virginia Cares Uninsured Program (VCUP). The program will be initiated with a soft launch in July 2007 and will assist uninsured Virginians who have been diagnosed with chronic, debilitating, or life-threatening diseases and who are experiencing access to health care issues. The following sustained services are provided by the professional case management staff of PAF at no charge to the patient:

- > Assist patients with applying, expediting decisions, and appealing Social Security Disability Insurance, Supplemental Security Income, Long Term Disability and/or Short Term Disability
- Negotiate funding and/or insurance coverage to access medical devices, surgical procedures, medications, medical discounts or write-offs for services, and clinical trials
- > Negotiate access to free or reduced medication, nutrition, housing, utilities, and free or reduced transportation and lodging for patients who must travel for treatment
- Negotiate insurance with COBRA, Medicaid, Medicare, Risk Pool Coverage, Guarantee Issue Plans, HIPAA plans and FAMIS/FAMIS Select

Patient eligibility for the Virginia Cares Uninsured Program:

- > Must be a United States Citizen
- > Must be a Resident of Virginia
- > Must be uninsured
- > Must have a diagnosis of a chronic, life-threatening, debilitating disease

This program will include outreach to a wide variety of social service and non-profit organizations, churches, clinics and health centers to educate Virginians on Patient Advocate Foundation's Virginia Cares Uninsured Program.



I just wanted to thank you so much for all the help you gave me when applying for my health insurance. I could not have done that successfully without you. Enclosed is a picture or me and 'my reason for living', my son Timothy. Thought you might want a face of the person you helped so much!"

— Sonia French Scott Depot, WV



# Lance Armstrong Foundation

# LIVESTRONG<sup>TM</sup> SurvivorCare Program

# PAF CELEBRATED ITS THIRD YEAR OF PARTNERSHIP with the Lance Armstrong Foundation (LAF) and the LAF LIVESTRONG SurvivorCare (LSSC) program in FY2006/2007. For cancer patients calling the LAF LSSC

(LSSC) program in FY2006/2007. For cancer patients calling the LAF LSSC toll free number, who are in need of PAF services including access to health-care and social service programs, they are immediately referred to PAF case managers who work exclusively with LAF LSSC referrals.

National marketing of the LSSC program has continued to be a high priority. The LSSC website was revised highlighting services available to cancer survivors and listing PAF as a LSSC partner. A new tri-fold promotional piece and script pad, also listing PAF as a partner, was introduced and distributed at national meetings, such as Oncology Nurses Society's annual meeting and the American Society of Clinical Oncology meeting. This piece is also distributed to physician offices for patients as a resource. Another LSSC specific brochure was published highlighting the services offered and partner contact information.

Through this increased marketing, PAF experienced a 56% increase in LSSC referrals over FY2005/2006, assisting more than 2,250 patients from July 1, 2006 to June 30, 2007. Patients assisted by the LSSC program state:

"The case manager did an excellent job advocating for me, she was kind understanding, knowledgeable. I was impressed with the dedication she provided for my case. Thank you."

- Kristen Frankenfield, Michigan

"It's a very good source of information in a very stressful time. It's nice to know that support is available."

- David Sistek, Virginia

"I was able to ask many insurance related questions that otherwise were very difficult to answer. Thank you so much."

- Emily Ose, Florida

Additionally, PAF staff continues to serve as peer reviewers on patient materials produced by the Lance Armstrong Foundation, which has expressed appreciation for the work PAF is doing in cancer survivorship.



# A-B-C INITIATIVE Access-Benefits-Claims

The A-B-C Initiative: Access-Benefits-Claims entered its second year of operation in FY2006/2007 and signed partnership agreements with two major research hospitals, Duke University Health Systems in Durham, North Carolina and City of Hope in Los Angeles, California. PAF case managers in the A-B-C Initiative provide expertise and effectiveness in:

- Employment Issues
- Disability Issues
- Supplemental Financial Assistance Programs
- Therapeutic and Diagnostic Pre-Authorization Resolutions
- Denied Claims Appeal Dispute Resolutions
- Billing and Coding Dispute Resolutions
- Coordination of Benefits Dispute
   Resolutions
- Out of Network Dispute Resolutions

Additional hospital partners will be joining the Initiative in FY 2007/2008 as several exploratory and continuing negotiations meetings have been set for the first and second quarters of 2007. PAF continues to provide A-B-C services to three physician practices, the Cancer Centers of Florida, Cancer Centers of the Carolinas and Rocky Mountain Cancer Center.

# Centers for Disease Control Grant Update

PATIENT ADVOCATE FOUNDATION FEATURED AS FIRST CENTERS FOR DISEASE CONTROL PARTNER in the premier edition of Insight-News from CDC's Division of Cancer Prevention and Control

PAF was the first partner selected and profiled in the CDC's *Division of Cancer Prevention and Control* premier edition in-house newsletter to feature our survivorship activities exclusively. In the **Partner Profile** section, a listing of the direct patient services provided to patients with access to care issues was given. A brief synopsis of each of the two CDC Cooperative Agreements that PAF has with the CDC was provided as was a snapshot of PAF's Co-Pay Relief program and the Colorectal CareLine.

#### CDC/PAF CANCER PREVENTION AND SURVIVORSHIP PARTNERSHIP (SCUP)

PAF is completing year four of this grant program which is part of the CDC's initiative to increase Early Detection or Survivorship of Cancer in Under-Served Populations. This program has served 8,388 patients since inception in September 2003. Case managers assigned to this program are providing services to 428 patients monthly on average. In 2003, the number served was 100 patients monthly.

PAF was invited to its first ever reverse site visit to tour CDC headquarters in Atlanta, Georgia in March 2007 and met personally with Dr. Eddie Reed, Director - Division of Cancer Prevention and Control, National Center for Chronic Disease Prevention and Health Promotion. PAF was given the opportunity to provide an in-depth presentation on PAF services to the CDC's entire Cancer Division, the Division of Heart Disease and Stroke Prevention Management, and the Division of Diabetes Translation Management to explore partnership opportunities.

- > PAF's abstract regarding SCUP was selected for a poster presentation for the CDC's upcoming Cancer Conference to be held in August 2007.
- > PAF was selected to participate in a National Cancer Control Coalition Program Director's conference call to discuss PAF services to patients.
- > Currently reported mortality rate is 2.4% of the patients served, down from 3.9%.
- > Maintaining an average survey return rate of 78% on the patients served through SCUP.



#### A quote from the latest interim report from a SCUP patient to PAF:

A 60-year-old female with ovarian cancer living in Coronado, California stated:

Where do I begin? As stated each time you assisted me to understand the daunting process I faced, you were a candle with a beautiful flame of hope in the darkness. I appreciate all your efforts, patience and cooperation to the bottom of my heart.

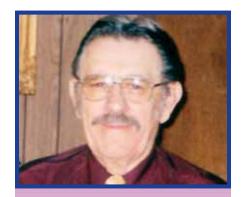
PAF was able to facilitate her approval for San Diego County Assistance and expedite her application for Social Security Disability so she would not have to worry needlessly about her finances and be able to concentrate on her recovery and overall wellness.

#### CDC/PAF HEMATOLOGIC CANCER EDUCATION AND OUTREACH PARTNERSHIP

FY2006/2007 marked the final year of PAF's three year CDC/PAF Hematologic Cancer Education and Outreach Partnership. As with SCUP, PAF has continued to exceed all goals set forth in this project. In its Annual Report submitted to the CDC in November 2006, PAF reported that it had exceeded its goal of providing educational counseling services to a minimum of 125 hematologic cancer patients, family members, friends and caregivers per quarter by 143.2% (712 patients). For FY2006/2007, PAF provided services to 1,355 individuals with an average of 339 individuals being served quarterly.

Outreach is an important component of this project. There were 34 local and regional outreach events conducted in 8 states, including Pennsylvania, Connecticut, New York, Virginia, Nebraska, Iowa, Maryland and Florida. In addition, staff attended six national outreach events and conferences such as the Lymphoma and Myeloma Conference, the Association of Pediatric Hematology/Oncology Nurses, and the National Comprehensive Cancer Society Annual Meeting.

PAF case managers participated in a national teleconference with the National Children's Cancer Society, *Health Insurance Issues for Families Coping with Pediatric Cancer.* PAF also participated in a regional program for patients post-transplant titled Living Now hosted by the National Marrow Donor Program.



I will always be very grateful for what PAF did for me. They were very thorough and helpful. Thank you so much."

— Fred DeCocq
Sand Springs, OK

# Outreach Programs

# **Outreach Senior Services**

Director: Margie Griffin, Virginia

The Senior Services division of PAF entered its third year of operations during this fiscal year. The case managers assigned to this division continue to enroll eligible seniors into Medicare Part D. Nationally 90% of eligible seniors have enrolled.

In addition, PAF Senior Services staff, from July 1, 2006 to June 30, 2007, participated in 23 events, providing education and information to over 4,000 individuals. Staff attended the first *Aged and Abilities Expo* at the Hampton Roads, Virginia Conference Center in May 2007, and met with local residents, social service agencies and local healthcare providers. Case managers also attended *Hats Off to Caregivers*, a local event hosted by the Peninsula Task Force on Aging that saluted the caregivers for the elderly. PAF is an active member of the Task Force on Aging. National Conferences included *Geriatrics* 2007 and multiple meetings with Centers for Medicare and Medicaid officials in Washington, DC.



# National Hispanic/ Latino Outreach Program

**Director: Wanda Febus, New York** 

The National Hispanic/Latino Outreach Program (NHLOP) seeks to improve access to health care for patients diagnosed with chronic, debilitating or life threatening illness within the Spanish speaking communities by increasing awareness of PAF services. Its goal is to decrease healthcare disparities by creating partnerships with local organizations, major medical facilities, and influential community leaders that provide services to the Hispanic/Latino population within these communities. PAF has bilingual case managers in New York, Florida, California, and Virginia.

The case managers assigned to NHLOP participated in 404 outreach events, reaching over 14,500 individuals. This includes outreach to community health centers, medical centers, free clinics, private medical offices, churches, and community based organizations. Staff also attended, exhibited, or presented at national conferences including the National Council of La Raza, the American Association of Diabetic Educators, the Fifth Annual Latino Health Conference, and the National Hispanic Nurses Conference.

Thank you for all your hard work in helping my father and mother. I am very grateful for all the assistance...in regards to my father's medical bills. He was diagnosed with pancreatic cancer in September and it has been an overwhelming situation on our entire family. You just never think it can happen to you and if you knew the strong man he was a couple of months ago you would have never thought anything was wrong. He wasn't one to complain or go see the doctor. He is now under hospice care. Thank you for all you did to help my parents and please continue to lift my family up in prayer. From the bottom of my heart we THANK YOU!"

#### **NHLOP FORECAST FOR FY2007/2008**

- > Launch a new Spanish PAF website in November 2007
- > Author a new Spanish publication

— Mickey Garcia daughter of Jesus Huerta Plainview, TX

# National African American Outreach Program

Director: Carolyn Andrews, LPN, Virginia

The National African American Outreach Program (NAAOP) attended 50 local, regional and national outreach events, educating over 13,000 individuals about PAF services. NAAOP staff attended the Virginia Black Expo and national conferences included the National Association of Black Social Workers, the National Black Nurses Association, American Lupus Foundation Leadership Meeting, the CDC's 2006 National Health Promotion Conference, and the African American Prostate Care Disparities Summit.

The NAAOP has a total of 23 members with representation from case management, finance, Co-Pay Relief and Colorectal CareLine. Members updated the *Promoting a Healthier African American Community* publication,

adding information on sickle cell disease. The Church Fan project was also replicated for a Virginia specific mailing to Richmond, Virginia area churches. The Fan provides a listing of Virginia resources available to the African American community. PAF also collaborated with the South East Community Health Taskforce in Newport News, Virginia and other local organizations to empower and educate local residents in the community on ways to reduce chronic disease.

#### NAAOP FORECAST FOR FY2007/2008

Participate in a 10 city tour with the Sickle Cell Association educating attendees about PAF services

# PAF Outreach

In addition to the outreach events attended by members of the Senior Services team, the National Hispanic/Latino Outreach Program and the National African American Outreach Program, PAF staff members exhibited, attended and/or presented at an additional 83 events, reaching an additional 68,444 individuals. Those events included:

- > The American Academy of Ophthalmology Annual Meeting
- > The American College Health Association
- > The American Society of Clinical Oncology (ASCO) Annual Meeting
- > Association of Oncology Social Workers Conference
- > Association of Pediatric Oncology Nurses
- > The Center for Business Intelligence
- The Oncology Nursing Society (ONS) Annual Meeting
- > The Association of Community Cancer Centers (ACCC)
- > The National Comprehensive Cancer Network (NCCN)
  Annual Conference







# PAF in the News

Patient Advocate Foundation continues to be featured in many tier one media outlets. In FY2006/2007, feature articles appeared in:

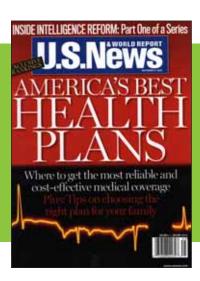
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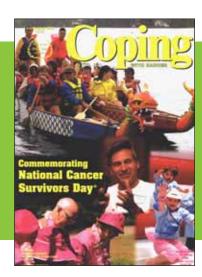
Newsweek

Reader's Digest
Women and Cancer
Coping with Cancer
Oncology Issues
The Virginia Federation of Republican Women newsletter
Managed Healthcare Executive
The Daily Press
Insight-News & Views from CDC's Division of Cancer Prevention and Control

Additionally, PAF was interviewed for future articles by:
Real Simple
Caring Today
The Wall Street Journal
Good Clinical Practice Journal
Military Today

National Public Radio-Kansas City, Missouri







Thank you so much for your valuable input on this case. I gave my sister the information you sent. She's very overwhelmed right now. I've offered to help, but, just like her oldest sister she has 'Super Woman Syndrome!' I don't know why we find it difficult to allow others to help us. I want you to know that your efforts really touched my heart in ways you cannot imagine. I was feeling very helpless."

— June Beck, RN, CCM Nurse Case Manager, Billings, MT

# **PAF Publications**

The PAF Publications Committee had a very productive 2006/2007. A new publication, patterned after the *Promoting a Healthier African American Community* was created specifically for the American Indian/Alaska Native (AI/AN) population. Titled, *American Indian Alaska Native Outreach Program-Promoting a Healthier American Indian and Alaska Native Community*, this publication provides disease specific information prevalent to the AI/AN population. It also provides a listing of resources for the population as well. Additionally, the aforementioned *Promoting a Healthier African American Community* was updated, adding a chapter on Sickle Cell Anemia.

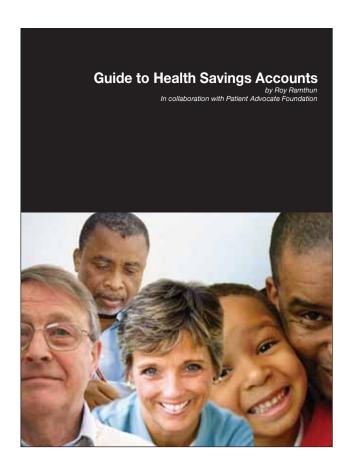
In January 2007, PAF introduced a new full-length publication: Guide to Health Savings Accounts, What You Need to Know About High Deductible Health Plans and Health Savings Accounts, written by Roy Ramthun, a nationally recognized expert in health policy with a special expertise on Health Savings Accounts. Mr. Ramthun was a health policy advisor to President George W. Bush and currently has his own healthcare consulting practice. PAF was a collaborator and publisher of this resource.

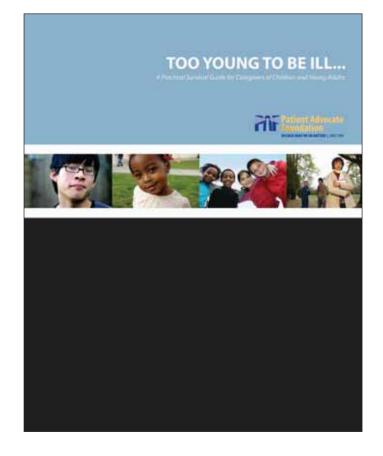
PAF's newest full-length publication was released in May 2007 and titled *Too Young to be Ill...A Practical Survival Guide for Caregivers of Children and Young Adults.* This publication provides practical tools to help caregivers anticipate steps necessary to improve the healthcare journey. It addresses topics such as what does a diagnosis mean, what mental preparations will a patient need, insurance options, respite care and financial obligations, as well as appropriate resources.

All of the PAF publications are available for download at www.patientadvocate.org.

We appreciate your dedication and sincere concern for Garry's journey. I would like to thank you and your organization for all your time and effort to make Garry a walking miracle. You are part of the miracle. God Bless"

— Bernadette on behalf of Garry Gilles Hallandale, FL





# **Patient Congress**



Mike McCurry, Keynote Speaker



Herb Kuhn, Acting Deputy Director, CMS and other panelists addressing the attendees



Herb Kuhn, Acting Deputy Director, CMS

**THE 8TH ANNUAL PATIENT CONGRESS** was hosted June 24-26, 2007 at the Washington Court Hotel in Washington, DC. This year's Patient Congress celebrated the voice of the patient and the lasting impact patients have on the lawmakers striving to improve the healthcare delivery system in the United States.

Attendees of the 8th Annual Patient Congress numbered over 200, represented 49 states and the District of Columbia, completed 189 visits to Capitol Hill offices including 60 meetings with the Member from the House or Senate office. Our attendees visited 96 of 100 Senatorial Offices and 100 House of Representatives Offices representing the voices of patients everywhere. The five key points that attendees brought to Capitol Hill asking their elected officials to support are:

- > Eliminate Barriers to Health Insurance Coverage
- > Restore Medicare Reimbursement Cuts for Imaging Services
- > Reauthorize and Strengthen the S-Chip Program
- > Provide Increased Fiscal Year 2008 Appropriations
- > Preserve Access to Erythropoiesis Stimulating Agents for Cancer Patients

Attendees also participated in a private healthcare briefing at the White House that addressed the current Administration's health care priorities by White House personnel, including a presentation given by Julie Goon, Special Assistant to the President for Economic Policy and Herb Kuhn, Acting Deputy Director, Centers for Medicare and Medicaid Services. Additional keynote Congressional Members were The Honorable Debbie Stabenow (D-MI), United States Senate; The Honorable Robert C. Scott (D-3rd, VA) United States House of Representatives; The Honorable Sue Myrick (R-9th, NC), cancer survivor and member of the United States House of Representatives; The Honorable Allyson Schwartz (D-13th, PA), United States House of Representatives; and The Honorable Capri Cafaro (D-32nd), Ohio State Senate. Mike McCurry, Partner - Public Strategies Washington and former White House and State Department Spokesperson shared communication strategies with our attendees, imparting tools they could use as they made visits to their Congressional Member's offices. As well, Lillie Shockney, RN, BS, MAS, Administrative Director of Johns Hopkins Breast Center, featured author of Stealing Second Base, shared the humorous, yet inspirational story of her own









State Sen. Capri Cafaro, Ohio State Senate (D-32nd) addresses attendees Monday evening

Attendees listening to speakers at our Southwest Dinner

Nancy Davenport-Ennis and Congressman Robert "Bobby" Scott (D-VA)

diagnosis and subsequent treatment for Breast Cancer. Attendees also had the unique opportunity to meet with legislative representatives at the breakfast reception hosted in the Senate Russell Building and the lunch reception hosted in the Cannon Caucus Room on June 26, 2007.

Our attendees' voices in Washington, DC made lasting impressions and new friendships were born. The members of Congress with whom our attendees met were able to have a face to pair with the federal initiatives that are before them, elevating the importance of their work and emphasizing the gravity of the office they hold.

Each of the eight years that PAF has hosted the annual Patient Congress it has been our goal to offer a conference that is both inspiring and educational. We feel that the 8th Annual Patient Congress surpassed the expectations of our attendees who, in their own words expressed:

"The 8th Annual Patient Congress was exhilarating, invigorating, motivational, inspirational, all good!"

"I was selfishly proud to be involved with Patient Advocate Foundation."

"Patient Congress was an excellent and inspiring way to connect with others who want to make a difference."

"[Patient Congress] was an opportunity to represent millions who can only benefit when their voices are heard by Congress through us."

"I enjoyed meeting new people and networking in a common cause as well as feeling I have a voice in Congress."



Nancy Davenport-Ennis, Lynn Hunter and Sen. John R. Thune (R-SD)



Sen. Jack Reed (D-RI) and the Rhode Island delegation



Rep. Wm. Lacy Clay (D-1st-MO) with attendees Sheldon Weinhaus and Mary Anne Colletti



Rep. Shelley Moore Capito (R-2nd-WV) and constituent

# **Patient Congress**



Rep. Rick Larsen (D-2nd-WA) and constituents



Rep. Barbara Cubin (R-At Large-WY) and



Sen. Mike Crapo (R-ID) and constituents



Sen. Charles E. Grassley (R-IA) and constituent



Sen. Byron L. Dorgan (D-ND) and constituent

"[Patient Congress] was a wonderful, exciting and fulfilling experience, especially for a nurse who is advocating for patients."

"I learned that by educating ourselves, we can educate our Congressmen."

"I feel exceptionally privileged to have been able to experience the political process first hand; it has made my commitment to advocacy even stronger!"

#### 8th Annual Patient Congress Exhibitors Included:

The Wellness Community

Lupus Foundation of America

American Society for Therapeutic Radiology & Oncology

Ovarian Cancer National Alliance

Sarah Lawrence College - Health Advocacy Program

Lung Cancer Alliance

The Leukemia & Lymphoma Society

Children's Cause for Cancer Advocacy

Y-ME National Breast Cancer Organization

Catholic Charities Healthcare Network

Geriatric Oncology Consortium

Men's Health Network

Centers for Medicare & Medicaid Services

Amputee Coalition of America

National Cancer Institute - Cancer Information Services

Young Survival Coalition

Fairness Foundation

Brain Tumor Awareness Organization

Patient Advocate Foundation

Colorectal CareLine

Co-Pay Relief, A Patient Assistance Program

Coping Magazine

Abigail Alliance for Better Access to Developmental Drugs

National Alliance of State Prostate Cancer Coalitions

Alliance for Prostate Cancer Prevention

Pancreatic Cancer Action Network

National Cancer Institute, Office of Communications and

Education

Lance Armstrong Foundation

Pulmonary Hypertension Association

American Institute for Cancer Research - Education Dept Intercultural Cancer Council



Rep. Allyson Schwartz (D-13th-PA) addresses the attendees at the Stephen Decatur House



Sen. Debbie Stabenow (D-MI) addresses the attendees at the Stephen Decatur House



Rep. Sue Myrick (R-9th-NC) with fellow North Carolinians Woody Connette, PAF Board President and Nancy Davenport-Ennis, CEO



# Scholarship For Survivors

# **Academic Award Program**



Each year at Patient Congress, PAF presents the Scholarship for Survivors Academic Award Program. The purpose of the program is to provide financial support to patients seeking to initiate or complete a course of study that has been interrupted or delayed by a diagnosis of cancer or other critical or life-threatening disease.

The Scholarship for Survivor awards are named in honor of several longstanding Partners In Progress, who have provided financial support for PAF since 2000. Each year, PAF provides \$50,000.00 in scholarship funds. This year, two new scholarships were named in memory of two individuals who were strong advocates for PAF and the rights of patients to have access to healthcare. Both of these individuals, Robin Prachel and Karen Reeder lost their battles with their disease and we honor their memory with these two scholarships.

This year, two past recipients graduated and addressed the Patient Congress audience, sharing with them the effect PAF had had on their lives. Recipient Monica Bowser graduated from the University of North Carolina at Charlotte and has been accepted into Graduate School. Monica hopes to "land a job at a Fortune 500 corporation, and be able to support the Patient Advocate Foundation, and give someone else the hope and joy that the organization has given me." The other recipient was John Schafer who graduated from the University of Dayton. John said, "without the support of my family, friends, and the PAF, I would have never developed into the person I am today. I hope to stay healthy and continue to live life to the fullest as I start my career in New York City with Ernst & Young this coming September." Congratulations to both Monica and John!

A Special Thanks goes to our ardent supporters of Patient Congress:

AmerisourceBergen Amgen Oncology Bayer Healthcare Bristol-Myers Squibb Eli Lilly Genitope GlaxoSmithKline Lance Armstrong Foundation **Novartis** Roche Schering Plough US Oncology

Graduating Senior and past scholarship recipient Monica Browser

# ON. D.

#### THE 2007 SCHOLARSHIP FOR SURVIVORS RECIPIENTS WERE:

#### The Robin Prachel Award Dylan Feierabend

Ferndale, California

Attending: College of the Redwoods

#### The Karen L. Reeder Award Nicholas Harper

Louisville, Kentucky

Attending: Bellarmine University

#### The Monica Bailes Award

**Benton Brown** 

Cedar Hill, Texas

Attending: University of Texas

Southwestern Medical School

#### Scholarship for Survivors Andrew Boggess

Temperance, Michigan Attending: Adrian College

#### Zazel-Chavah O'Garra

St. Albans, New York Attending: Fordham University



# **Patient Congress**





Nancy Davenport-Ennis, Jack Ennis, Ruth Reed, and the 2007/2008 recipients

Scholarship for Survivors Awards named in honor of PAF's Partners In Progress for their sustained financial support:

#### The Cheryl Grimmel Award in Honor of AMGEN, Inc.

#### J. Eric Holland

Edmonds, Oklahoma

Attending: University of Central Oklahoma

# Scholarship for Survivors in honor of sanofi-aventis Pharmaceuticals Drew Fisher

Pagosa Springs, Colorado

Attending: University of New Mexico

"I cannot believe how fast this last year has gone by. It seems not so long ago that I was boarding a plane for my 3rd Patient Congress and now it is already my fourth. I would like to thank the Patient Advocate Foundation for all of their help and support."

#### Scholarship for Survivors in honor of GlaxoSmithKline Kendra Smith

Orchard Park, New York

Attending: Brockport University

"It has been a great experience coming to the PAF conference the past two years and I would like to thank everyone involved. PAF has so many qualities that are successfully being spread to other individuals, and everyone helps in someway. Thank you so much for opening opportunities for me, they will all be very helpful in the future."

# Scholarship for Survivors in honor of Pfizer, Inc. Suzanne Day

Whitney Point, New York

Attending: Roberts Wesleyan College

"...this scholarship was an incredible help to me financially. The scholarship is helping to allow me to continue my education at Roberts. I am very thankful for this award and all the opportunities it has allowed me to have."

I don't know it I ever thanked you properly, but thank you. All the information you provided me was very helpful. I received financial assistance from the hospital for my surgery, from the cancer center for my treatment and from Patient Assistance Program for my seizure medication. And 2 weeks ago I was approved for Social Security benefits. While this does not solve all my problems, it goes a long way. I appreciate everything you did for me. Knowing there people like you that care about people in situations like mine is comforting. If I can ever do anything for you, please let me know."

- Laurie Fortner, Inman, SC

# A Promise of Hope Affair

### PAF HELD ITS SIXTH ANNUAL A PROMISE OF HOPE

AFFAIR at the new Newport News Marriott at City Center on February 24, 2007. Our Mistress of Ceremonies and Honorary Chairperson for the evening was Barbara Ciara, anchorwoman for the local CBS affiliate, WTKR-TV3. Three-hundred and sixty attendees filled the ballroom and had the opportunity to bid on more than 385 live and silent auction items, a 37% increase in auction items from last year. The auction categories included Art, Dining Around, Fashion & Jewelry, Home & Garden, and Pampering Yourself. The local band Slapwater provided live entertainment. Arpeggiare Harp Ensemble, a group of elementary and middle school harpists from Williamsburg, Virginia entertained guests during the VIP Reception and Becca Fifelski and Lindsay Arndt provided acoustic entertainment during the Welcome Reception.

We were joined by Congressman Robert Scott (D-VA) and Mayor Joe Frank, City of Newport News and received letters welcoming our guests from:

Governor Tim Kaine, Commonwealth of Virginia

Mayor Joe Frank, City of Newport News

Senator John Warner (R-VA)

Congressman Robert Scott (D-3rd-VA)

Congressman Bob Goodlatte (R-6th-VA)

Congresswoman Thelma Drake (R-2nd-VA)

Congressman Eric Cantor (R-7th-VA)



Woody Connette-incoming Board President, Dr. Bill McGivney-outgoing Board President, and Nancy Davenport-Ennis, CEO



Wilber Christian, Joe Whittaker, Mary T. Christian



Fran Castellow, PAF COO and Linda House with Eli Lilly



Romise

## A Promise of Hope Affair



Bidding on Silent Auction Items



Regulatory Counsel Larri Short and her husband Steve Reilly



Nancy Davenport-Ennis, Roy Ramthun, Susan Ramthun, Jack Ennis



Bidding on Silent Auction Items



Nancy Davenport-Ennis and Jack Ennis and Delegate Phil Hamilton with proclamation from the Virginia General Assembly on PAF's 10 year

Through the support of local businesses, PAF's Board of Directors and PAF Partners-in-Progress, A Promise of Hope Affair was able to raise more than \$236,322 inclusive of sponsorships, donations, auction bids, and in-kind donations. These funds enable PAF to continue the day-to-day work of helping patients nationwide resolve their insurance, job retention and/or debt crisis matters relative to their diagnosis of a chronic, life-threatening or debilitating disease.

#### **HONORARY CHAIRPERSONS**

Barbara Ciara, Managing Editor and Evening News Anchor, WTKR-TV3, CBS

Dr. Mary T. Christian, Virginia House of Delegates (Ret.)

The Honorable Joe Frank, Mayor, City of Newport News

The Honorable Phil Hamilton, Virginia House of Delegates

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Congressman Robert C. "Bobby" Scott (D-VA) addresses the guests



George and Michelle Hall and the Boat they donated for the live auction

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Wachovia Bank
Wags to Whiskers Kennel and
Grooming



Patient Advocate Foundation's National African American Outreach Program RK Toyota-Volvo



Guests dancing to the music of Slapwater  $\,$ 



Jack Ennis, PAF Chief Development Officer



Paul Seltman and Jeanne Ireland



Beth Darnley-PAF CPO, guest, and Rene Cabral-Daniels, member of the PAF Executive Board



Jane Susan Frank, Mayor Joe Frank, and Nancy Davenport-Ennis



Delegate Phil Hamilton informs attendees on PAF being included in the Virginia budget



Alan Richardson, POH Chair and Nancy Davenport-Ennis

# PAF Supporters

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Peninsula RK Tovota-Volvo

Rob Shuford, Jr. & Lori Shuford

Robyn Crabtree

Rosemary Allen, Arkansas State

Policy Liaison Roy & Susan Ramthun

Running Etc

Russel & Beth Emerson

Russell Anderson Ruth Anne Reed Sam & Jackie Bowlin San Antonio Sam's

Sandy Spiro, Personal Trainer

Sarah Fannick Schering-Plough

Schlesinger's at Port Warwick

Schylling

Seachic Boutique

SeaTow Lower Chesapeake

Sentara Healthcare Sheldon Weinhaus

Sheraton Norfolk Waterside

Sheri Norcini; Premier Designs Ind.

Consultant Sheri Putnam Shields Coffee House Shirley Hatten Silpada

Slone Chiropractic Clinic

Slush in a Rush

Smithfield Station Somer Wilson

South Carolina State Policy Liaisons

Spain Commercial St. Louis Rams

Starbucks at Coliseum Crossing

Steve & Fran Irick Steve & Sandi Hussell Steve Tickle & Starbucks

Stylist Danielle Toomey and Legends

Hair Salon

Supercuts at CNU Village

Susan Abbott

Susan Meehan and Anne Stewart, Massachusetts State Policy

Liaisons

Suttle Motor Company Tanya Walker RN, Shaklee Independent Distributer Ted & Dorthea Warren

Teresa Dibble Texture

The American Theatre

The College of William and Mary

The Dive Shop

The Hamptons Golf Course The Mariners Museum The Seafare Restaurant of Williamsburg

The Spa Expectations Corporation

The Taphouse

The Upper Gallery, Port Warwick

Dental Arts

The Washington Court Hotel

The Washington Redskins Charitable

Foundation

Tisha Rose, Hampton Artist

Toll House Hotel

Tommy & Martha Cameron

Tori White

Town Center Café

Tracv Andrus Trader Joe's

Tricia Collis, Pampered Chef Ind.

Sales Director

U.S. LEC

Ultra Diamonds

Val Shannon

Veronica & Bob Chapman

Vicki Storev

VIcom

Victoria Doheny Victoria's Day Spa Villeroy & Boch

Virginia Air and Space Center

Virginia Dept. of Health Virginia Living Museum Virginia Oncology Associates

Virginia Zoo

Wachovia Bank Wags to Whiskers Pet Resort

Warren Beavers

Washington Nationals Way Bay Yonder Antique Will & Theresa Rowe Williamsburg Marriott Woodhall Wine Cellars

You're Someone Special

Zenya Yoga and Massage Studio

### Combined Federal Campaign and Combined Virginia Campaign

PAF participates in the Combined Federal Campaign (CFC) that was established by the United States government as a way for federal employees to support their charities of choice. PAF's CFC number is 10681.

PAF also participates in the Combined Virginia Campaign (CVC), giving Commonwealth of Virginia employees the opportunity to support charities. PAF's CVC number is 1540.



# Audited Financial Statement

FY 2006/2007

## **Direct Patient Services Division**

### Patient Advocate Foundation

### Statements of Financial Position

June 30,	2007	2006
Assets		
Current assets		
General operating cash and cash equivalents	\$ 3,772,793	\$ 2,062,002
Restricted CPR cash and cash equivalents	18,431,332	11,996,924
Unconditional promises to give	52,000	13,000
Interest receivable	73,146	38,553
Employee receivable	409	498
Due from NPAF	97	110
Inventories	47,128	42,235
Prepaid expenses	41,874	39,841
Investments	1,740,435	1,729,082
Total current assets	24,159,214	15,922,245
Property and equipment - net	472,642	267,313
Other assets		
Refundable deposits	11,402	11,402
	\$ 24,643,258	\$16,200,960
Liabilities and Net Assets		
Current liabilities		
Accounts payable and accrued expenses	\$ 301,821	\$ 232,997
Deferred revenue	2,322,498	1,349,167
Accrued vacation leave	113,905	88,930
Total liabilities	2,738,224	1,671,094
Net assets Unrestricted	1,593,140	712,913
Temporarily restricted	18,431,332	11,996,924
Permanently restricted	1,880,562	1,820,029
Total net assets	21,905,034	14,529,866
	\$ 24,643,258	\$16,200,960

Patient Advocate Foundation

Statements of Activities

Years Ended June 30,	j	7	2007			20	2006	
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Revenues, gains and other support Contributions								
Grants	\$6,439,873	\$16,421,111	· S	\$ 22,860,984	\$4,307,317	\$12,866,667	- \$	\$17,173,984
Private and public donations	29,559	1	ı	29,559	31,556	ι	•	31,556
Donated services and materials	147,739	•	ı	147,739	126,395	,	1	126,395
Patient Congress	186,537	ı	•	186,537	199,390	ı	1	199,390
Promise of Hope	203,840	•	1	203,840	146,388			146,388
Special events	152,073	,	•	152,073	59,011	,	ı	59,011
Investment income (loss)	953,827	,	60,533	1,014,360	416,178	•	(39,642)	376,536
Net assets released from restrictions	9,986,703	(9,986,703)	1	1	5,827,598	(5,827,598)	-	ı
Total revenues, gains								
and other support	18,100,151	6,434,408	60,533	24,595,092	11,113,833	7,039,069	(39,642)	18,113,260
Expenses								
Program services								
Patient services	3,533,363	1	1	3,533,363	2,523,380	•	ı	2,523,380
Co-Pay Relief	12,235,123	1	•	12,235,123	7,461,400	ı	1	7,461,400
Patient Congress	346,537	1	ı	346,537	338,037	ı	ı	338,037
Scholarships	80,217	•	ı	80,217	75,248	1	1	75,248
Supporting services:								
Management and general	681,392	1	1	681,392	576,354		1	576,354
Fundraising	343,293	τ	-	343,293	149,902	-	1	149,902
Total expenses	17,219,924	1	'	17,219,924	11,124,320	1	-	11,124,320
Change in net assets	880,227	6,434,408	60,533	7,375,168	(10,487)	7,039,069	(39,642)	6,988,940
Net assets - beginning of year	712,913	11,996,924	1,820,029	14,529,866	723,400	4,957,855	1,859,671	7,540,926
Net assets - end of year	\$1,593,140	\$18,431,332	\$ 1,880,562	\$ 21,905,034	\$ 712,913	\$11,996,924	\$ 1,820,029	\$14,529,866

# PAF Staff Listing

2006/2007

### **EXECUTIVE**



Nancy Davenport-Ennis Chief Executive Officer



**Fran Castellow, MSEd.** *Chief Operating Officer* 



**John H. Ennis**Chief Development Officer



**Beth Darnley** Chief Program Officer



**PATIENT SERVICES** 

Constance Goodman, RN
Patient Services Administrator

Patricia Jolley, RN, Supervisor, Patient Services
Erin Moaratty, Quality Assuance Officer
Connie Slayton, BSN, CDC/PAF SCUP Director
Tami Lewis, RN, CCM, Senior Clinical Case Manager
Tanya Walker, RN, Senior Clinical Case Manager
Tammy Neice, RN, Clinical Case Manager
Marilyn Culbert, RN, Clinical Case Manager
Jacqueline Beard, Senior Case Manager
Margie Griffin, Senior Case Manager
Leigh Loyd, Senior Case Manager
Peggy Rochon, Senior Case Manager
Michelle Shanks, Senior Case Manager
Courtney Jones, Director, LAF & Senior Case Manager

Shauna Hatfield, LiveStrong Senior Case Manager
Carolyn Andrews, LPN, Senior Case Manager & NAAOP Director
Wanda Febus, Director, Hispanic/Latino Outreach Program &
Senior Case Manager

Brendan Bietry, California Hispanic/Latino Outreach Program Coordinator & Case Manager

Ileana Martinez, Florida Hispanic/Latino Outreach Program
Coordinator & Case Manager
Shelby Cornick, Case Manager
Jane Garfield, Case Manager
LaKendra Green, Case Manager
Yvetta Hall, Case Manager
Dafne Holsapple, Case Manager
Patricia Jones, Case Manager
Lisa Kelley, Case Manager
Sandra McAllister, Case Manager
Lvnn McCann. Case Manager



**CO-PAY RELIEF** 

Pam Cleck CPR Director

Tara Girard, Coordinator, Application and Expenditure Operations Laura Evans, CPR Receptionist Angela Cleck, CPR Senior Reallocation and Quality Specialist Mary Altomare, CPR Application Specialist LaToya Blizzard, CPR Application Specialist
Deirdre Cappe, CPR Application Specialist
Cynthia Edwards, CPR Application Specialist
Denise Hanney, CPR Application Specialist
Angela Johnson, CPR Application Specialist
DaLice Madison, CPR Application Specialist
Linda Montalvo, CPR Reallocation Specialist
Sandra Scott, CPR Application Specialist
Lewis Shivers, CPR Application Specialist
Nichole Bowen, CPR Benefit Specialist
Tonya Boyd-Watkins, CPR Benefit Specialist
Janese Carter, CPR Benefit Specialist

Danna Mobley, Case Manager

Kimberly Owen, Case Manager

Nicole Robinson, Case Manager

Mary Ellen Fleeger, CPR Benefit Specialist
Laurel Gregory, CPR Benefit Specialist
Joyce Grimes, CPR Benefit Specialist
Willie Lovett, CPR Benefit Specialist
Michelle McMillian, CPR Benefit Specialist
Beverly McNearly-DaRavalliere, CPR Benefit Specialist
Gwendolyn Oten, CPR Benefit Specialist

Jerelyn Rhodes, CPR Benefit Specialist Rita Robinson, CPR Benefit Specialist Milagros Rowe, CPR Benefit Specialist Karen Seitz, CPR Benefit Specialist Melissa Taylor, CPR Benefit Specialist Candis Windsor, CPR Benefit Specialist



**COLORECTAL CARELINE** 

Mary Giguere, RN, BSN CCL Director

Melissa Andrews, MSW, LSW, CCL Clinical Case Manager Jamie Caruccio, RN, BSN, CCL Clinical Case Manager Judith Clarke, RN, CMCN, CCL Clinical Case Manager Elaine Martinez, LPN, CCL Case Manager Cheryl Nowell, CPC-H, CCL Case Manager Linda Shird, CCL Financial Aid Counselor Rocquel Robinson, CCL Receptionist



INFORMATION TECHNOLOGY

**Aaron Marshall** *Executive Vice President of Information Technology* 

Edwin Anderson, Systems Administrator Russell Anderson, Linux Systems Administrator Elena Ganenko, Database Administrator Victoria Doheny, Web Development Manager Miquel Mendez, Help Desk Operator



COMMUNICATIONS

**Tracy Andrus** *Manager, Communications Department* 

Brandon Price, Resource Room Assistant Laura Penalosa, Receptionist Tricia Smithers, Receptionist Viola Jackson, Receptionist



**CORPORATE DEVELOPMENT** 

Alan Richardson Executive Vice President of Resource Development



**Molly Tanner** Vice President of Marketing and Development

Lisa Wachsmuth, Administrative Assistant



**FINANCE** 

**Dynelle Lunsford** *Vice President of Finance* 



**Deborah Andrus** Senior Accountant

Alneda Clark, Junior Accountant Metise Council, Junior Accountant Brenda Hudson, Benefit and Compensation Clerk Jessica Pulley, CPR Financial Administrative Assistant



**ADMINISTRATIVE** 

Ruth Anne Reed Vice President of Human Resource Programs Melynda Obergfell, Administrative Director, National Operations Nancy Culbertson, Travel and Outreach Coordinator

# **Annual Report Acknowledgements**

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Wanda Febus
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Molly Tanner
Lisa Wachsmuth
Dynelle Lunsford
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Co-Pay Relief: www.copays.org

Colorectal CareLine: www.colorectalcareline.org

PAF is a tax exempt 501(c)3 non-profit organization

Federal Tax ID No.: 54-1806317

## Save the Date in 2008

### **FEBRUARY**

A Promise of Hope Affair February 23, 2008 Town Center Marriott Newport News, Virginia www.promiseofhope.net

### **APRIL**

2008-2009 Scholarship for Survivors Application Deadline: April 16, 2008

### **JUNE**

9th Annual Patient Congress
June 24-26, 2008
Washington Court Hotel
Washington, DC
www.pc.patientadvocate.org





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PATIENT ADVOCATE FOUNDATION

CO-PAY RELDEF

A Patient Assistance Program

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